



# Bureau of TennCare

## 2008

TennCare is Tennessee's managed-care Medicaid program serving approximately 1.2 million low-income children, pregnant women and disabled Tennesseans, with an annual budget of \$7 billion.





## **2008 Summer/Fall Topics:**

- Long Term Care Community Choices Act of 2008
- Home Health/PDN Coverage Changes
- Fraud & Abuse
- Medicare “Cross-Over” Claims
- Pharmacy Updates
- Provider Reminders
- New MCC Partners



# **Long Term Care** **Community Choices Act of 2008**

## **Challenges with the current long-term care system:**

- Fragmentation
- Limited Options
- Inefficient Use of Limited Resources



# Long Term Care Community Choices Act of 2008

## **Key Components of the New Long Term Care System**

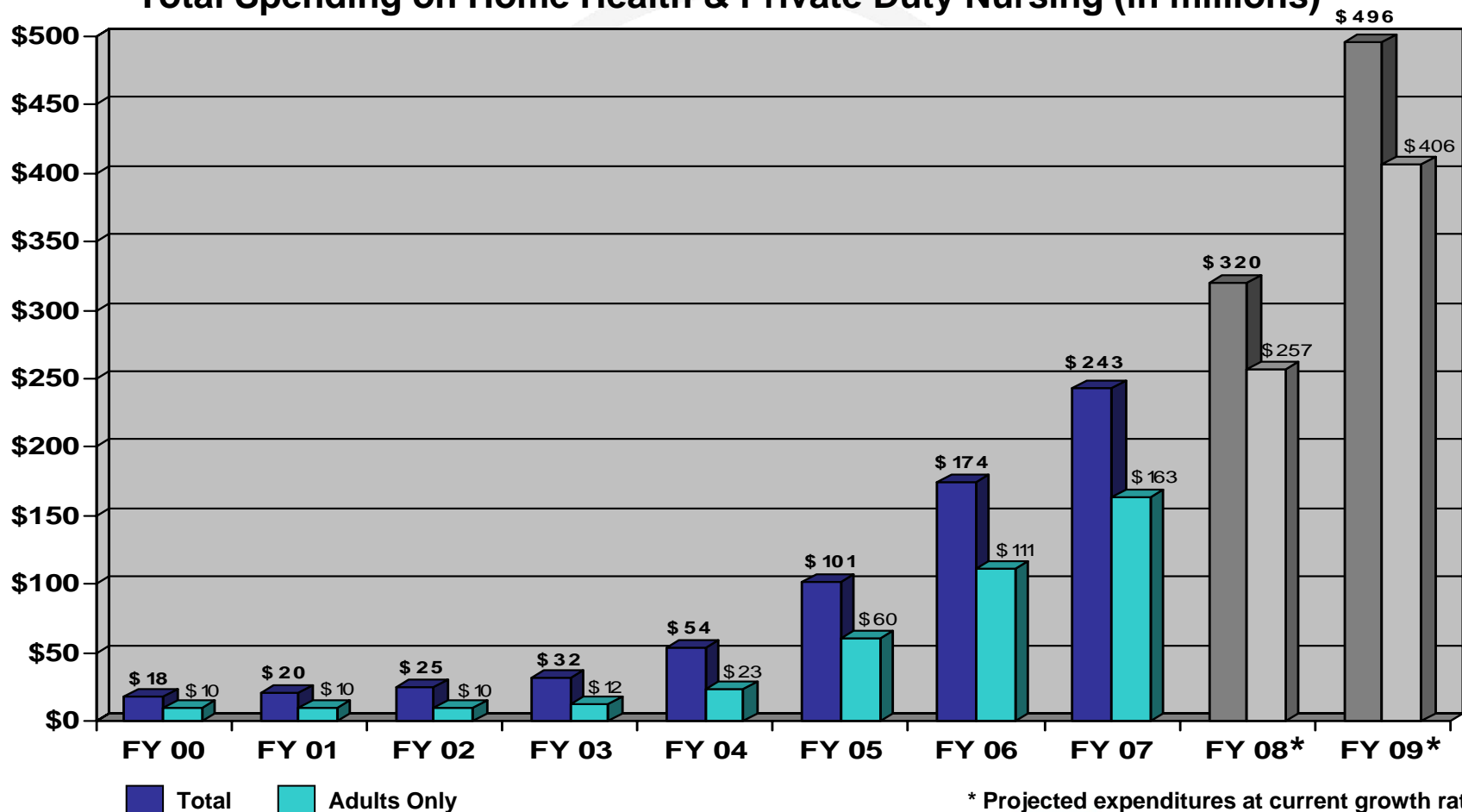
- Improved Access and Coordination of Care
- Expanded Choices and Service Options
- More efficient utilization of limited LTC funding
- Focus on Quality Across LTC Services and Settings
- Process and Timing



## HOME HEALTH and PDN FASTEST-GROWING PROGRAM COST DRIVER

- Unsustainable 53% annual growth rate and lack of rational benefit structure is comparable to previous TennCare pharmacy program
- At current trend rate, HH/PDN will require nearly \$300 million new dollars (total)

**Total Spending on Home Health & Private Duty Nursing (in millions)**

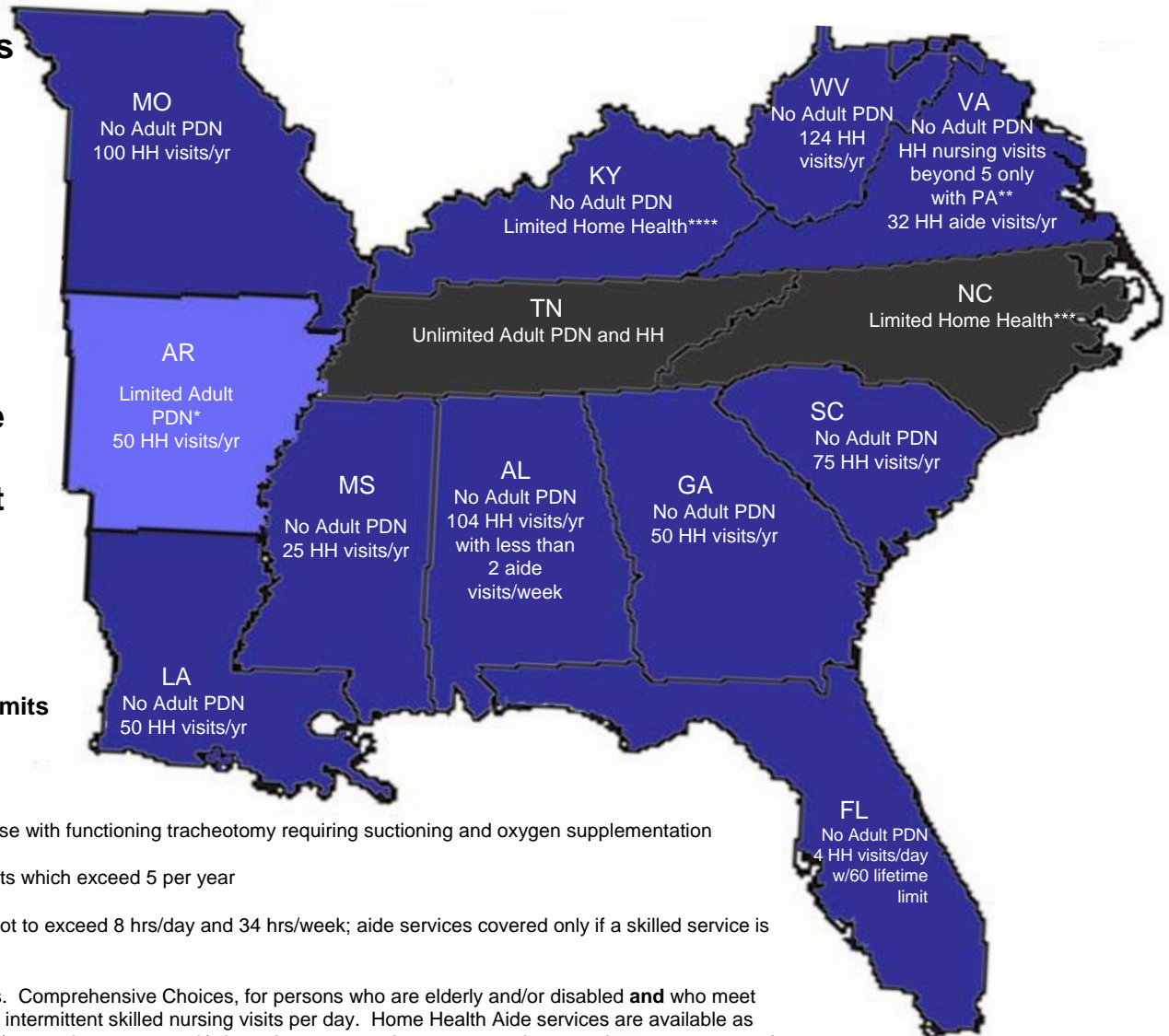




## HOME HEALTH AND PDN STATE COMPARISON

- Tennessee's Home Health and PDN coverage policy is an outlier compared with peer Medicaid programs
- Most states do not offer PDN to adults and place significant limits on HH benefit for adults
- Tennessee's Pre-TennCare Medicaid program used a Home Health structure that included 60 visits per year and no adult PDN benefit.

- No PDN Benefit for Adults
- Adult PDN with Significant Limits
- Unlimited PDN



\* Limited to ventilator dependent individuals and those with functioning tracheotomy requiring suctioning and oxygen supplementation

\*\* Prior Authorization required for skilled nursing visits which exceed 5 per year

\*\*\* HH covered on a part-time or intermittent basis not to exceed 8 hrs/day and 34 hrs/week; aide services covered only if a skilled service is required

\*\*\*\* Kentucky has 4 separate Medicaid benefit plans. Comprehensive Choices, for persons who are elderly and/or disabled **and** who meet Nursing Facility level of care, covers no more than 2 intermittent skilled nursing visits per day. Home Health Aide services are available as separate personal care and housekeeping services (up to 4 hours per week) through a 1915c waiver program where services cannot exceed the cost of institutional care. All services must be prior authorized.



# PRIVATE DUTY NURSING

- Private Duty Nursing (PDN) Services

Nursing services for recipients who require more than 8 hours of continuous skilled nursing care. Skilled nursing care is provided by a registered nurse or licensed practical nurse under the direction of the recipient's physician to the recipient and not to other household members



# HOME HEALTH VISITS

- Home Health Visits – **Nursing** Care

Medical care required to be delivered by a licensed nurse (e.g. scheduled administration of meds, tube feeding, wound care, etc.)

- Home Health Visits – **Aide** Care

Non-medical care not requiring licensed staff (e.g. activities of daily living, such as bathing, dressing, using the toilet, and moving around.





# Private Duty Nursing Coverage Changes for Adults

- TennCare will pay for PDN services for adults age 21 or older if:
  - Ventilator dependent for at least 12 hours per day
  - Or, have functioning tracheotomy and also require other nursing services
- PDN Services – Requires more than 8 hours of **continuous** nursing care
- All services including PDN services are subject to medical necessity including least costly alternative  
*{Private duty nursing services can include services to teach and train the patient and the patient's family or other caregivers how to manage the treatment regimen}*



# MEDICAL NECESSITY

State law establishes five components (prongs) of medically necessity and the service must satisfy all five components before TennCare will pay for the service. The five components are:

1. It must be recommended by a health care provider
2. It must be required to diagnose or treat the medical condition
3. It must be safe and effective
4. It must not be experimental or investigational
5. It must be the **least costly alternative** course of diagnosis or treatment that is adequate for the enrollee's medical condition



# Home Health Numerical Limits - Level I Nursing Facility Qualifying Members

- Home Health **Aide** Care for **Level I** NF qualifying members
  - Up to 35 Hours per Week
    - No more than 8 hours per day
    - No more than 2 visits per day
    - HH aide and HH Nurse care combined cannot exceed 35 hours per week
  - 35 Hours per Week =
    - 7 hours, 5 days per week
    - 5 hours, 7 days per week
- Home Health **Nurse** Care for **Level I** NF qualifying members
  - Up to 27 hours per week
    - Each visit must be less than 8 hours
    - No more than 1 visit per day
    - HH Nurse and HH Aide combined cannot exceed 35 hours per week
  - 27 Hours per Week =
    - 5 hours, 5 days per week
    - 3.5 hours, 7 days per week



# Home Health Numerical Limits - **Level II** Nursing Facility Qualifying Members

- Home Health Aide Care for **Level II** NF qualifying members
  - Up to 40 Hours per Week
    - No more than 8 hours per day
    - No more than 2 visits per day
    - HH aide and HH Nurse care combined cannot exceed 40 hours per week
  - 40 Hours per Week =
    - 8 hours, 5 days per week
    - 5.5 hours, 7 days per week
- Home Health Nurse Care for **Level II** NF qualifying members
  - Up to 30 hours per week
    - Each visit must be less than 8 hours
    - No more than 1 visit per day
    - HH Nurse and HH Aide combined cannot exceed 40 hours per week
  - 30 Hours per Week =
    - 6 hours, 5 days per week
    - 4 hours, 7 days per week



# REPORTING FRAUD & ABUSE

**1-800-433-3982**

**FAX: 615-256-3852**

<http://www.tncarefraud.tennessee.gov>

**Tips can be anonymous**

## **Cash for Tips Policy**

<http://www.tncarefraud.tennessee.gov/StatCashTips.aspx>

- Tip cannot be anonymous
- Can claim cash reward if your tip leads to prosecution
- Details of how program works available at the link above
- Posters available at TennCare help desk



# **MEDICARE “Cross-Over” CLAIMS**

- Claims for dual eligible  
(*Traditional Medicare/Medicaid*)  
members “cross-over” automatically
- Claims for dual eligible  
(*Medicare Advantage/Medicaid*)  
members must be filed on paper directly  
to TennCare at:  
P.O. Box 460  
Nashville, TN 37202



# **MEDICARE “Cross-Over” CLAIMS**

**TENNCARE PROVIDER  
SERVICES**

**1-800-852-2683**



# PHARMACY UPDATES

## Pharmacy Auto-Exemption List

- List of drugs and supplies that do not count against the adult member's 5 prescription limit
- Access from the TennCare Website [tennessee.gov/tenncare](https://tennessee.gov/tenncare)
- Click on "I am A Provider" then, "Pharmacy"





# PHARMACY UPDATES

## Prescriber Attestation List

- Medications on this list can be approved for patients currently at their monthly prescription limit (> 5 prescriptions or >2 brand medications) who are at a high risk for adverse health consequences and could be hospitalized, institutionalized, or die, within the next ninety (90) days without the requested drug(s).
- Can access from the TennCare Website [tennessee.gov/tenncare](https://tennessee.gov/tenncare)  
Click on “I am A Provider” then, “Pharmacy”





# PHARMACY UPDATES

## Rx Pads

- Effective April 1, 2008 ALL prescriptions for TennCare members must be written using tamper-resistant pads/paper
- On April 1, 2008 a Rx pad/paper must have at least 1 feature of tamper-resistance from any of the CMS categories list
- On October 1, 2008 Rx pad/paper will be required to have a minimum of 1 feature from **each** of the 3 CMS categories



# PHARMACY UPDATES

## Three CMS Tamper-Resistant Categories

- Category 1 – prevents unauthorized copying
  - “Void” or “Illegal” pantograph – appears when Rx is photocopied
  - Watermarking – special paper containing “watermarking”
- Category 2 – prevents the erasure or modification of information on Rx
  - Quantity check off boxes with Refill indicator – the range box corresponding to the quantity prescribed MUST be checked for the Rx to be valid
  - Uniform non-white background color – background of a solid color or consistent pattern printed onto the paper
- Category 3 – prevents the use of counterfeit prescription forms
  - Security features and descriptions listed on prescriptions  
*(This feature is required on all TennCare tamper-resistant pads/paper after 10/1/2008)*
  - Heat sensing imprint – touching the imprint or design, the imprint will disappear



# PHARMACY UPDATES

## New PBM

- SXC Health Solutions taking over as Pharmacy Benefit Manager (PBM) on October 1, 2008
- Seamless to the Provider
- Contact Phone Numbers and Fax Numbers remain the same (1-888-816-1680 )



# **PROVIDER INQUIRIES**

1. Contact “Provider Services” at the MCC
2. Contact your assigned MCC Provider Representative
3. Escalate the complaint to a MCC Manager in the Provider Relations Department
4. TennCare Provider Service Department by phoning 1-800-852-2683, and telling them you need to file a MCC complaint
5. Independent Review through Tennessee Department of Commerce & Insurance at [www.tennessee.gov/commerce/tenncare](http://www.tennessee.gov/commerce/tenncare)



# APPEAL POSTERS

- Contractual Requirement
  - Require that the provider display notices of enrollee's right to appeal adverse action affecting services in public areas of their facility(s) .....
  - The Contractor (MCC) shall ensure that the providers have the correct and adequate supply of public notices.
- Yellow Appeal Poster must be displayed in a conspicuous location (i.e. – waiting room, check in window, check out window)



# TELEPHONE SURVEYS

- On a quarterly basis, TennCare conducts a telephonic survey of providers to validate data submitted by MCCs to TennCare
- QSource performs this function as a part of their contracted role as the TennCare External Quality Review Organization
- Refer to:  
<http://tennessee.gov/tenncare/forms/externalreview.pdf>



# PROVIDER E-MAIL SUBSCRIPTION

Stay up-to-date with the latest provider-related news and information from TennCare.

Sign up at:

<http://tennessee.gov/tenncare/pro-emailsubcrip.html>





# NEW MCC PARTNERS

- **January 2008**

TennCare placed the managed care contracts (to serve the West and East Grand Regions) up for competitive bid

- **April 22, 2008**

TennCare Bureau announced that Volunteer State Health Plan ([BlueCare](#)) and UnitedHealth Plan of the River Valley, Inc. ([AmeriChoice](#)) were the prevailing bidders in both the East and West grand regions



# NEW MCC PARTNERS

- Both plans will be at full financial risk
- Both plans will provide an integrated medical and behavioral health care system for members in those regions



# NEW MCC PARTNERS

- **West** Grand Region  
Start date November 1, 2008
- **East** Grand Region  
Start date January 1, 2009



# NEW MCC PARTNERS

- Outgoing plans in the **West** Grand Region will continue processing claims for Dates of Service through **October 31, 2008**
- Outgoing plans in the **East** Grand Region will continue processing claims for Dates of Service through **December 31, 2008**



Thank you for your continued service to some of Tennessee's most vulnerable citizens.

Questions?